

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/559661**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FREE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

10/559681

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
								IND.	DEP.	IND.	DEP.	IND.	DEP.	
101								151						
102								152						
103								153						
104								154						
105								155						
106								156						
107								157						
108								158						
109								159						
110								160						
111								161						
112								162						
113								163						
114								164						
115								165						
116								166						
117								167						
118								168						
119								169						
120								170						
121								171						
122								172						
123								173						
124								174						
125								175						
126								176						
127								177						
128								178						
129								179						
130								180						
131								181						
132								182						
133								183						
134								184						
135								185						
136								186						
137								187						
138								188						
139								189						
140								190						
141								191						
142								192						
143								193						
144								194						
145								195						
146								196						
147								197						
148								198						
149								199						
150								200						
TOTAL IND.			↓		↓		↓	TOTAL IND.			↓		↓	
TOTAL DEP.			←		←		←	TOTAL DEP.			←		←	
TOTAL CLAIMS								TOTAL CLAIMS						

BEST AVAILABLE COPY